

# Presumptive Eligibility for Inmates

Indiana Health Coverage Programs  
DXC Technology  
October 2017



# Session Objectives

- Qualified Providers
- Member Eligibility Requirements
- Presumptive Eligibility (PE) Process
- Covered Services
- Helpful Tools
- Q&A



# Qualified Providers (QPs)



# Qualified Providers

The PE for Inmates process allows hospitals that are qualified providers (QPs) for Presumptive Eligibility (PE) to enroll eligible inmates in the Indiana Health Coverage Programs (IHCP) for temporary coverage of authorized inpatient hospitalization services.

Only acute-care hospitals are eligible to complete the PE application for inmates

- Provider Type 01/ Provider Specialty 010

State requirements:

- QP must participate in PE Provider Healthcare Portal (Portal) training
- QP must participate in PE training
- QP must complete and submit PE QP eligibility attestations using the PE QP enrollment process via the Portal
- QP must encourage individuals to complete and submit a full *Indiana Application for Health Coverage*. Only navigators may assist with completing and submitting the application



# Qualified Providers

## How to become a QP

1. Log into the Portal



# Qualified Providers

## How to become a QP

### 2. Access Provider Maintenance

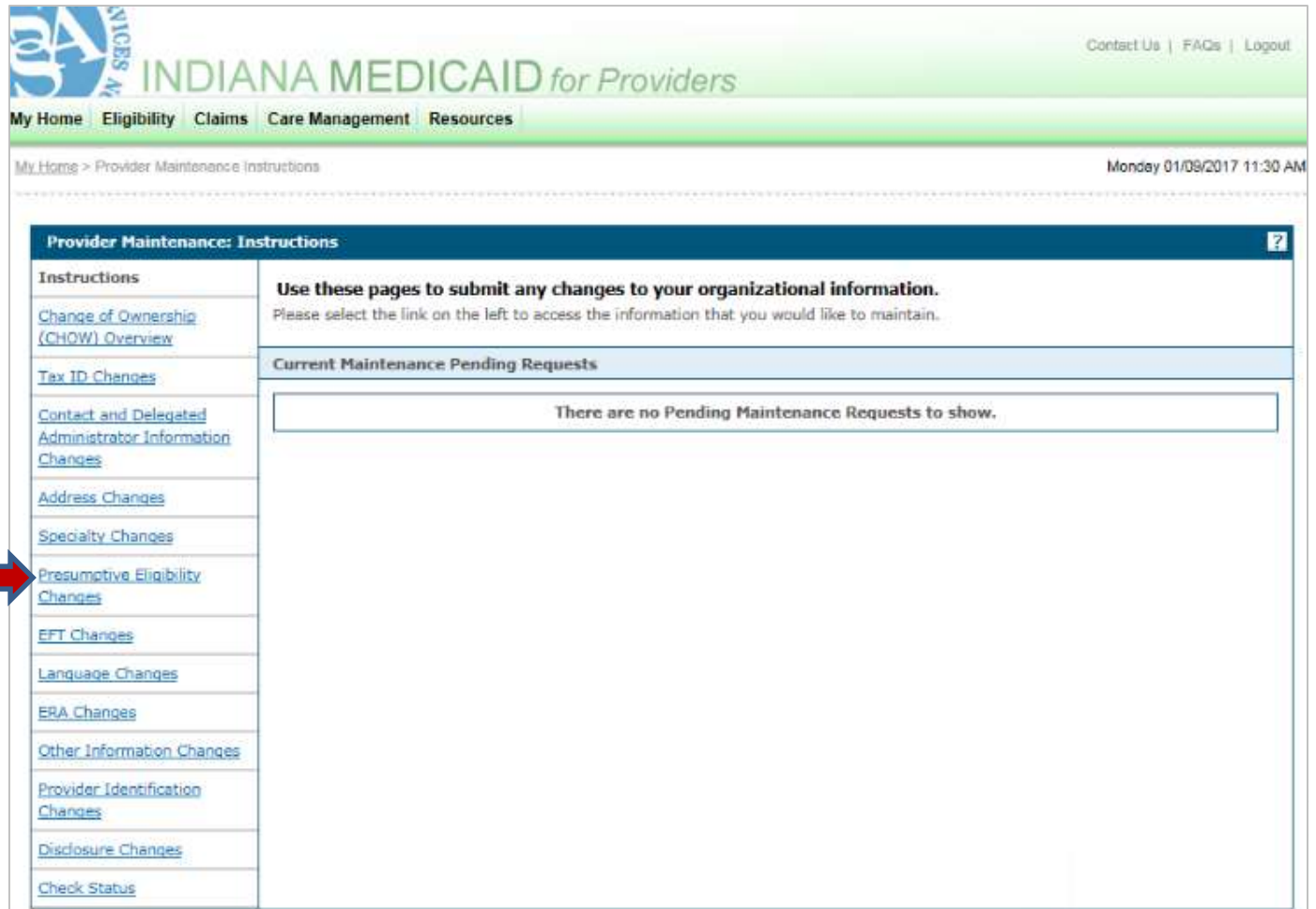


The screenshot shows the 'INDIANA MEDICAID for Providers' website. The header includes a logo on the left and links for 'Contact Us', 'FAQs', and 'Logout' on the right. A navigation bar below the header contains links for 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. The main content area is divided into a left sidebar and a central panel. The sidebar has three main sections: 'User Details' with links for 'My Profile' and 'Manage Accounts'; 'Provider' with fields for 'Name' and 'Provider ID', and links for 'Disenroll', 'Provider Maintenance', and 'Enrollment / Revalidation Status'; and 'Provider Services' with links for 'Member Focused Viewing' and 'Search Payment History'. The central panel features a 'WELCOME HEALTH CARE PROFESSIONAL!' message, a 'Contact Us' link, a 'Notify Me' link, and a 'Secure Correspondence' link. Below these links is a photograph of a male and female healthcare professional looking at a screen. At the bottom of the central panel, a paragraph states: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.'

# Qualified Providers

## How to become a QP

3. Choose Presumptive Eligibility Changes



**INDIANA MEDICAID for Providers**

My Home | Eligibility | Claims | Care Management | Resources

My Home > Provider Maintenance Instructions

Monday 01/09/2017 11:30 AM

**Provider Maintenance: Instructions**

**Instructions**

[Change of Ownership \(CHOW\) Overview](#)

[Tax ID Changes](#)

[Contact and Delegated Administrator Information Changes](#)

[Address Changes](#)

[Specialty Changes](#)

[Presumptive Eligibility Changes](#)

[EFT Changes](#)

[Language Changes](#)

[ERA Changes](#)

[Other Information Changes](#)

[Provider Identification Changes](#)

[Disclosure Changes](#)

[Check Status](#)

**Use these pages to submit any changes to your organizational information.**

Please select the link on the left to access the information that you would like to maintain.

**Current Maintenance Pending Requests**

There are no Pending Maintenance Requests to show.

# Qualified Providers

## How to become a QP

4. Read the information on the Portal screen
5. Answer the three questions using the radio buttons
6. Provide the name and email of the individual responding to the questions
7. Review the information to be sure it is correct
8. Choose **Submit**





# Qualified Providers

## How to become a QP

The screenshot shows the Indiana Medicaid for Providers website. The header includes the logo and navigation links: My Home, Eligibility, Claims, Care Management, Resources, Contact Us, FAQs, and Logout. The breadcrumb trail indicates the user is on the Provider Maintenance Tracking Information page. The main content area displays a message: "Your change request has been submitted and assigned the following tracking number:" followed by a red-bordered box. A red arrow points to this box. Below the message, there is a paragraph of instructions. At the bottom right, there is an "Exit" button. A "Print Preview" button is also visible in the top right corner of the main content area.

INDIANA MEDICAID *for Providers*

My Home | Eligibility | Claims | Care Management | Resources

My Home > Provider Maintenance Instructions > Provider Maintenance Tracking Information

Monday 01/09/2017 11:38 AM

This completes the process and provides a **tracking number**

**Print Preview**

To print tracking information click "Print Preview"

**Provider Maintenance: Tracking Information**

Your change request has been submitted and assigned the following tracking number:  

Please retain the tracking number for checking on the status of your change request. This change may require additional processes to verify data submitted. Use the Provider Maintenance Status page to check on the status of this change request.

**Exit**

# Qualified Providers



## How to become a QP

- The provider receives an automated email notification with the PE QP status
- A Provider Relations Field Consultant will contact the provider within 10 business days to schedule Portal training
- After the Portal training is complete, the Provider Relations Field Consultant activates the PE certification
- The PE QP may then provide Presumptive Eligibility determinations to qualified individuals



# Member Eligibility Requirements



# Member Eligibility Requirements

Individuals must meet the following requirements

- Be an inmate from a correctional facility operating under the memorandum of understanding or contract with the Indiana Family and Social Services Administration (FSSA)
- Be admitted for inpatient hospitalization
- Be under the age of 65
- NOT be on house arrest
- NOT be pregnant and admitted for labor and delivery
- Meet all other standard PE requirements



# PE Application Process



# PE Application Process



**CAUTION:** The PE member application system is a live production environment. Providers should not create test cases and use the live application for training purposes. Per the provider's attestation during QP enrollment:

- The organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain presumptive eligibility.
- Providers must not click **SUBMIT** multiple times on one application.



*The PE for Inmates coverage begins on the date that the hospital submits the PE application. This application must be completed before 11:59 p.m. EST on the date of admission. If it is not completed by that time, the inpatient stay may not be covered by Indiana Medicaid.*



# PE Application Process

Verify member eligibility

If no active coverage is found for the individual, click the **PE Application** button.

The screenshot displays a web interface for the PE Application Process. At the top, a red-bordered box contains an error message: "Error" in red, followed by "Member not found, confirm and/or revise search criteria." in black. Below this is the "Eligibility Verification Request" form, which has a blue header bar with a question mark icon. The form includes a legend: "\* Indicates a required field." and instructions: "Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date." The form fields are arranged in two rows. The first row contains "Member ID", "Last Name", and "First Name". The second row contains "SSN", "Birth Date", and "Effective From". The "Effective To" field is also present. The "Effective From" and "Effective To" fields are pre-filled with "11/02/2017". Below the fields are "Submit" and "Reset" buttons. At the bottom of the form, a red-bordered box highlights two buttons: "PE Application for Pregnant Women" and "PE Application". A dashed red line connects the error message box to the "PE Application" button.

**Error**  
Member not found, confirm and/or revise search criteria.

**Eligibility Verification Request** ?

\* Indicates a required field.  
Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.


Member ID  Last Name  First Name

SSN  Birth Date

\*Effective From  Effective To

# PE Application Process


Complete the REQUIRED information indicated by the RED asterisk\*

**PE Member Application**

\* Indicates a required field.

Note: This Web Application will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free [Adobe Acrobat Reader](#) installed.

**Identifying Information**

*First Name	<input type="text"/>	M.I.	<input type="text"/>	*Last Name	<input type="text"/>
*Date of Birth	<input type="text"/>		Suffix	<input type="text"/>	


**Address Information**

**Home Address**



*Address	<input type="text"/>				
	<input type="text"/>				
*City	<input type="text"/>	State	Indiana	*Postal Code	<input type="text"/>
				*County	<input type="text"/>

**Mailing Address (if different than home address)**

Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Postal Code	<input type="text"/>

Member Email 

**Phone Numbers**

Home Phone 	<input type="text"/>	Other Phone 	<input type="text"/>
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# PE Application Process

*Indiana Resident?	<input type="checkbox"/>	<input data-bbox="658 344 687 372" type="button" value="?"/>
*Incarcerated?	Yes <input type="button" value="v"/>	
*Pregnant?	<input type="checkbox"/>	
*Number of people in family	<input type="text"/>	<input data-bbox="658 536 687 565" type="button" value="?"/>
*U.S. Citizen?	<input type="checkbox"/>	<input data-bbox="658 594 687 622" type="button" value="?"/>
*Family Income	<input type="text"/>	<input type="text"/>
Pending Indiana application for health coverage?	<input type="checkbox"/>	<input data-bbox="658 736 687 765" type="button" value="?"/>
Health Insurance Coverage (if applicable)?	<input type="checkbox"/>	<input data-bbox="658 808 687 836" type="button" value="?"/>
Medicare (if applicable)?	<input type="checkbox"/>	<input data-bbox="658 879 687 908" type="button" value="?"/>
In Foster Care in Indiana on 18th birthday?	<input type="checkbox"/>	<input data-bbox="658 951 687 979" type="button" value="?"/>
Do you live with at least one child under 18 years of age and are you the main caretaker?	<input type="checkbox"/>	<input data-bbox="658 1022 687 1051" type="button" value="?"/>

\*DOC Facility

Date of Incarceration

COUNTY - Allen County Jail

COUNTY - Bartholomew County Jail

COUNTY - Benton County Jail

COUNTY - Blackford County Jail

COUNTY - Boone County Jail

COUNTY - Brown County Jail

COUNTY - Carroll County Jail

COUNTY - Cass County Jail

COUNTY - Clay County Jail

COUNTY - Daviess County Jail

COUNTY - Dearborn County Jail

COUNTY - DeKalb County Jail

COUNTY - Dubois County Jail

COUNTY - Elkhart County Jail

COUNTY - Fayette County Jail

COUNTY - Floyd County Jail

COUNTY - Fountain County Jail

COUNTY - Franklin County Jail

COUNTY - Fulton County Jail

COUNTY - Gibson County Jail

COUNTY - Grant County Jail

COUNTY - Greene County Jail

COUNTY - Hamilton County Jail

COUNTY - Hancock County Jail

COUNTY - Hendricks County Jail

COUNTY - Henry County Jail

COUNTY - Howard County Jail

COUNTY - Huntington County Jail

COUNTY - Jackson County Jail

Disclaimer

☐ I attest that I have been trained to process applications for Presumptive Eligibility (PE).

Submit Application

# PE Application Process

- Use the correctional facility's address and telephone number as the applicant's home address and telephone number.
- The number of people in the family should always be "1."
- Select **Yes** in the "Currently Incarcerated?" field
  - The DOC Facility drop-down menu appears, listing all eligible correctional facilities. To be on the list, the correctional facility must have a signed memorandum of understanding (MOU) or contract with the Indiana FSSA. Select the inmate's correctional facility from the drop-down menu.
- Complete the rest of the application, according to normal procedures.

If the incarcerated individual meets all the eligibility requirements, he or she will be enrolled in the *Medicaid Inpatient Hospital Services Only* benefit plan.



# PE Application Process

- This coverage will be effective for up to one year or until the offender is released, whichever is sooner.
  - If an individual remains incarcerated beyond 12 months, he or she may reapply for coverage through the PE for Inmates process
- These individuals must also complete an *Indiana Application for Health Coverage* to retain inpatient benefits.
  - Individuals who complete applications and are found eligible will be covered for 12 months from the PE determination date under the *Medicaid Inpatient Hospital Services Only* benefit plan.
- If the inmate does not complete an *Indiana Application for Health Coverage*, his or her presumptive eligibility coverage will end on the last day of the month following the month in which the individual was found presumptively eligible.



# Covered Services



# Covered Services

Inmates enrolled through the PE process **will not** receive a standard benefits package; rather, inmates are eligible for ***Medicaid inpatient hospital services only***.

- PE for Inmates applies only to Medicaid-covered inpatient hospital care; it does not cover:
  - ✓ Emergency room (ER) services, ER observation, or outpatient care, unless the services provided result in an inpatient admission
  - ✓ Transportation that occurs before admission or after discharge
  - ✓ Medications or durable medical equipment that are provided before inpatient admission or after discharge



# Covered Services

Services rendered to individuals covered under *Medicaid Inpatient Hospital Services Only* (through the PE for Inmates process) will be reimbursed through the fee-for-service (FFS) delivery system at FFS rates.

- Claims for PE services are submitted with the member's PE ID, which starts with a "6" (except when an IHCP Member ID already existed for that individual due to previous coverage, in which case, the existing Member ID is used).



# Helpful Tools

- IHCP website at indianamedicaid.com
  - *IHCP Provider Reference Modules*
  - *Medical Policy Manual*
- Customer Assistance
  - 1-800-457-4584
- Provider Relations Field Consultants
  - **indianamedicaid.com > Provider Home page > Contact Us**
- Written Correspondence
  - DXC Technology Provider Written Correspondence  
P.O. Box 7263  
Indianapolis, In 46207-7263
- **Secure correspondence via the Provider Healthcare Portal**



# Questions

